

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 02/11/2010

**Address:** C.R. 560 N. @

**Case #:** 43-27854

C.R. 450 E.

**County:** JENNINGS

## **Type of Laboratory Seizure** (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open – No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: IN WOODS  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: CAMPBELL TWNSHP.

Fax: 812-458-6953

Health Department: JENNINGS CO.

Fax: 812-352-3030

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: TRP. MARTIN A. MEAD Phone 812-522-1441

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.